

Concluzii: Nivelul complicațiilor postoperatorii și a indicatorilor mortalității corespunde celorlalte tumori ale pancreasului. Nivelul supraviețuirii de 5 ani este destul de mare, ceea ce sugerează utilizarea intervențiilor organomenajante laparoscopice pentru formele localizate de TNEP. Formele avansate de TNEP nu reprezintă o contraindicație pentru tratamentul chirurgical, dar astfel de cazuri trebuie evaluate în mod individual. Incidența relativ mică a TNEP, complexitatea și importanța diagnosticului preoperator pentru alegerea strategiei curative optime, justifică efectuarea tratamentului acestor pacienți în centre specializate.

SURGICAL TREATMENT OF NEUROENDOCRINE TUMORS OF THE PANCREAS: A SINGLE INSTITUTIONAL EXPERIENCE

Introduction: Neuroendocrine tumors of the pancreas (PNET) range from 1 to 2% of pancreatic oncological pathology; the frequency during lifetime diagnostics is 12-15 cases per 1 million of population.

Aim: Introduce the largest experience of surgical treatment of neuroendocrine tumors of the pancreas in Ukraine.

Material and methods: In the National Institute of Surgery and Transplantology from January 2004 to December 2014 were treated 173 patients with neuroendocrine tumors of the pancreas, to whom were performed 181 surgeries. Non-functioning PNET were diagnosed in 103 patients (59.5%), hormone-active were in 70 (40.5%). In non-functioning PNET dominated resection surgeries (Whipple procedure, left-side pancreatectomy), at hormone-active were performed mostly organ-preserving surgeries (enucleation of tumor).

Results: Postoperative complications occurred in 18.4% of patients with PNET, the most common complication was external pancreatic fistula (9.8%). Total postoperative mortality was 1.2%. The overall 5-year survival was 82.3%, NET G1 – 100%, NET G2 – 84.3%, neuroendocrine carcinoma, NEC G3 – 38.7%.

Conclusions: The level of postoperative complications and mortality indicators complies with all tumors of the pancreas. The level of the overall 5-year survival is quite high, allowing for organ-preserving and laparoscopic surgeries for localized forms of PNET. Advance forms of PNET are not a contraindication to surgical treatment, but such cases must be evaluated individually. Relatively few of occurrences of PNET, the complexity and importance of preoperative diagnostic to choose the optimal treatments strategy, justifying perform the treatment of these patients in specialized centers.

LOCUL CURSURILOR INTESIVE DE CHIRURGIE LAPAROSCOPICĂ PE ȚESUT VIU ÎN FORMAREA CHIRURGILOR

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Obiectivul studiului a fost evaluarea eficacității instruirii intensive pe porci în chirurgia laparoscopică a chirurgilor în funcție de experiența acestora.

Material și metode: La Centrul de Chirurgie Laparoscopică și Microchirurgie “Pius Brânzeu”, Timișoara, au fost organizate 29 de cursuri intensive și 8 cursuri avansate. Șaizeci de chirurghi care au urmat cele 3 zile de cursuri intensive au fost repartizați în 3 grupuri (câte 20 de chirurghi): primul grup – fără experiență în chirurgia laparoscopică; al 2-lea grup – cu mai puțin de 10 proceduri laparoscopice efectuate și al 3-lea grup – mai mult de 10 proceduri laparoscopice efectuate. Un al 4-lea grup – fără experiența în chirurgia laparoscopică au urmat 2 zile de pregătire pe “cutii de antrenament” și simulator înainte de cursurile laparoscopice intensive.

Rezultate: Primul grup a reușit să deprindă mai puțin de 30% din tehnicile prezentate, al doilea grup a avut un randament mai bun, însușind 63% din tehnicile prezentate și al treilea grup a avut un randament foarte bun, reușind să însușească 96% din tehnicile prezentate. Al patrulea grup a avut un randament mai bun față de primul grup, însușind 49% din tehnici. Simulatorul nu a fost superior față de “cutiile de antrenament”, dar a fost mai costisitor.

Concluzii: Chirurgii fără experiență anterioară în chirurgia laparoscopică au beneficiat puțin de pe urma acestor cursuri. Ei au nevoie să-și însușească tehnicile de bază pe “cutii de antrenament” sau simulatoare înainte de pregătirea pe porci. Cel mai mare beneficiu a fost pentru chirurgii cu un bun început de experiență în chirurgia laparoscopică.

THE ROLE OF INTENSIVE TRAINING COURSES IN LAPAROSCOPIC SURGERY ON LIVE TISSUE IN THE SURGEON'S FORMATION

The aim of the study was the evaluation of efficiency of the training courses in laparoscopic surgery on pigs in dependence to the prior experience of the surgeons.

Material and methods: At the Center of Laparoscopic Surgery and Microsurgery Pius Branzeu, Timisoara 29 intensive and 8 advanced courses were organized. Sixty surgeons which underwent 3 days intensive courses were classified into 3 groups (20 surgeons in each group): first group – surgeons without experience in laparoscopic surgery, second group – less than 10 laparoscopic procedures performed and the third group – surgeons with more than 10 laparoscopic procedures performed. The fourth additional group consisted of surgeons without experience in laparoscopic interventions, which had 2 days of preliminary training on „box trainers” and simulator.

Results: The first group succeeded to assimilate less than 30% of presented techniques, the second – had a better performance, 63% of techniques were assimilated, and the third group presented a very good performance, it succeeded to learn 96% of presented techniques. The fourth group had better results in comparison to the first group, with performance of 49%. Simulator was not superior to „box trainers”, but much more expensive.

Conclusions: Surgeons without prior experience in laparoscopic interventions obtained fewer benefits from these courses. They need to learn basic techniques on box trainers of simulators before the training on pigs. The most benefits had surgeons with good prior experience in laparoscopic surgery.